LONG TERM PLANNING FOR RECOVERY AFTER DISASTERS: ENSURING HEALTH IN ALL POLICIES (HiAP)

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INFORMATION SHEET 1
Background and key areas of health

What is the aim of this series of documents?

This document series aims to show what can be learnt from previous disasters about the impact of decisions and actions taken that have affected people's wellbeing during the recovery period. The document is written from a public health perspective but draws from the **literature of many disciplines.**

The key challenge and aim is to gain a place in the recovery planning effort and ensure that health and wellbeing is recognised as a key factor to be considered in all decisions and actions, rather taking a narrow view of "health" as being limited to health protection and disease control functions, vital though they are.

It aims to show that recovery takes place in several phases, from immediate response to long term rebuilding, with transitional phases in between. These phases overlap and the stages of recovery may be of longer or shorter duration for particular groups of people within the affected area.

It highlights that there is always tension between acting speedily and taking time to plan well. Pre-disaster planning is the best means of avoiding short term decisions that create or exacerbate long term problems.

Why is the HiAP approach so relevant?

Health in All Policies (HiAP) is an approach which emphasises the fact that health and wellbeing are largely influenced by measures that are managed by government sectors other than health. HiAP seeks to highlight the connections and interactions between health and other sectors. The health sector's role is to support other sectors to achieve their goals in a way which also improves health and wellbeing.

What was learnt from the 1931 Napier quake?

The 1931 Napier earthquake was a catalyst for the establishment of building codes, earthquake insurance and Civil Defence, none of which existed previously. Recovery appears to have been quick and had much citizen involvement, but society was far less complex and dependent on technology at that time.

What is the typical health response to a natural disaster?

The immediate health sector response to disasters is concerned with core functions (water, sanitation, food, and vector control), ensuring the continuity of health care, and issuing public advisories. Surveillance of disease and data collection are costly and use time and resources but are critically important for all phases of recovery and learning how to mitigate future disasters.

What is the best way forward?

A single agency with representatives from all relevant fields is recommended as the best means of leading and coordinating the recovery efforts. A single agency can also take overall responsibility as consensus cannot always be reached among the various interests and some decisions will not please everyone.

It is essential, however, that there is input from **all stakeholders**, including the general public of the affected community.

What about community participation?

Community participation is now routinely incorporated, at least in principle, into recovery planning after disasters, but it is not always clear what form it should take. It must be more than simply informing or consulting the community.

Community driven initiatives appear to be particularly successful on a local scale and have been shown to contribute significantly to the larger recovery. However, the interaction between official and community efforts has often been uneasy at best, and a source of conflict at worst. This appears to be an important area that needs to be addressed so that all efforts can be harnessed towards the recovery.

All those concerned with the long-term health and wellbeing of a disaster-affected population have a key role to play in recovery planning and decision making.

What helps to make HIAP work well?

Using simple, concrete language such as "health begins where we live, learn, work, and play" have been found to be a more compelling way to get the message about wellbeing into practice than talking about the social determinants of health.

Opportunities to maximise health in all policies (HIAP) as part of the recovery process are in:

- membership on recovery groups,
- advocacy at the policy level,
- supporting community efforts with expertise and advocacy, and
- developing partnerships with organisations that are working for the same ends.

What are the key areas of health?

Key areas where health begins are:

- **Equity**: those with financial and intellectual resources generally recover faster from disasters than those without. Rebuilding offers opportunities to create a more equitable community but needs careful planning and oversight or the less well-off may be further disadvantaged

- **Housing:** communities that are displaced suffer more adverse effects and take longer to recover, particularly if they are separated from their social networks or relocated far from their original areas. Housing shortages and rent rises also further disadvantage low income groups. As well as being safe and sanitary, housing sites for displaced residents must have access to shops and services, including transport, education, and employment so as to avoid creating long-standing social problems.

- **Social cohesion and community resilience:** most people derive their major support in a disaster and its aftermath from relatives and friends. Those who lack these support networks are likely to be particularly vulnerable. Communities also work together to support one another during a disaster, but the relationship between volunteer workers and official agencies is often an uneasy one. Pre-disaster planning can help avert this and ensure that community efforts are used to best advantage.

- **Psychosocial distress** is mostly self-limiting after disasters. Fostering a belief in self-efficacy and coping skills is the preferred approach to avoiding post traumatic distress rather than professional psychological interventions. A small proportion of people continue to have persisting distress, particularly those who have been forcibly evacuated and separated from their social support networks. Those with existing mental health and other chronic diseases are at risk of exacerbations of their conditions. Domestic violence, substance abuse, and suicide rates are likely to rise after disasters, especially among displaced populations.

- **Economic recovery** and access to services are key considerations in recovery of communities and need to be integrated with support for individuals and families. Small, local businesses in particular need support to restart as soon as possible.

- **Heritage buildings and sites: forward planning** and communication between emergency response services and heritage interests is the best means of ensuring that the loss of cultural heritage is minimised in disasters. Little specific advice seems to be available about how to act in the absence of such plans being in place. Careful deconstruction of culturally significant buildings may be one way of offsetting the distress associated with their loss.

- **Sustainability**: disasters offer an opportunity to rebuild cities and communities in a more sustainable way so that the impact of future disasters is

mitigated. The importance of incorporating sustainability principles now appears to be recognised at least in theory, across traditionally diverse disciplines such as public health, environmental management, engineering, and economics.

Are there any limitations?

Limitations of the evidence base: The studies located are almost all from the United States. However, the findings are consistent, and have valuable insights into what can go wrong, especially for disadvantaged groups of the population. There are fewer success stories available.

Limitations of this review: this is a broad overview of what literature was readily available and has been put together in a short time-frame. It is not a systematic and comprehensive examination of the areas covered. In particular, acute primary and secondary care concerns are not included. New Zealand information has not been able to be fully investigated in the time frame.

Key HIAP messages:

- "Health begins where we live, learn, work, and play"
- Health starts – "long before illness – in our homes, schools and jobs"
- Health in All Policies (HiAP) is an approach that acknowledges the causes of health and wellbeing lie outside the health sector and are socially and economically formed.
- HiAP highlights the connections and interactions between health and other sectors and how together they contribute to better health outcomes.
- Health Impact Assessment (HIA) is a tool to meet HiAP goals.

Information Sheets in this series

Authorship and acknowledgements

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